

# Name Change/Wall Document Replacement

## Board of Accountancy Washington State



P O Box 43123  
Olympia, WA 98504-3123

(360) 664-9191  
www.cpaboard.wa.gov

### PERSONAL INFORMATION:

Name (as currently registered with the Board): \_\_\_\_\_ Cert./Lic. #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

### NAME CHANGE (No fee required if not requesting a replacement wall document in new name):

New Name (as you wish it to appear in Board records): \_\_\_\_\_

Submit copy of documentation supporting the change of your name, e.g., marriage certificate, divorce decree, etc.

### REPLACEMENT WALL DOCUMENT:

Your *original* wall document must be mailed back to the Board office with this request unless the document was lost, stolen or destroyed. If your certificate or license is in a lapsed or cancelled status, a replacement wall document cannot be issued.

Name as you wish it to appear on wall document: \_\_\_\_\_

Reason for replacement: ☐ Lost ☐ Stolen ☐ Name Change ☐ Destroyed (Fire, Flood, etc.) ☐ Other

Please explain in further detail the reason for replacement:

\_\_\_\_\_

\_\_\_\_\_

**FEE:** ..... **\$50.00**

Make check payable to Washington State Board of Accountancy. (Funds must be US dollars drawn on a US bank)

### CERTIFICATION OF APPLICANT:

I certify under the penalty of perjury, under the laws of the State of Washington, that all statements, answers, and representations on this form are true, complete and accurate. Also, I agree that I will immediately return my lost or stolen wall document to the Washington State Board of Accountancy, should the license or wall document be found, or report its whereabouts should it become known to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_  
(City, State or Province, Country)

### CHECKLIST:

- ☐ I have enclosed documentation supporting my name change.
- ☐ I have enclosed my original wall document for cancellation unless the document was lost, stolen, or destroyed
- ☐ I have provided all required information on the above application and signed the affidavit.
- ☐ I have attached the \$50 fee.

Please be advised the Washington State Board of Accountancy is required to comply with the Public Disclosure Act, Chapter 42.17 RCW. This act establishes a strong state mandate in favor of disclosure of public records. As such, the information you submit to the board, including personal information, may ultimately be subject to disclosure as a public record.